NCCI Holdings, Inc.

NCCI RESEARCH BRIEF

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Medical Services by Size of Claim—2011 Update

Medical services now constitute almost 60% of workers compensation (WC) claim costs, up from about 40% in the early 1980s. Knowing how different medical services contribute to WC claim costs over time provides insight into the growth in medical costs.

In this study, we quantify how the mix of medical services for a more serious injury or illness differs from the type of care required to help a worker heal from a minor mishap. Also, the medical services profile for workers with serious injuries is quite different in the later years of their treatment from the mix of services required early on. These issues were previously explored in an NCCI research brief based on experience through Accident Year 2003.[1] Here, that prior research is updated using experience through Accident Year 2006.

KEY FINDINGS

- We looked at nine different service groups in this study.[2] The mix of medical services differs by service group between small and large claims
  - Office Visits and Emergency Services dominate the service mix for smaller claims
  - Surgery & Anesthesia are a larger share of the services for mid-range ($5,000 to $100,000) claims than for other claim sizes
  - Hospital Services and Prescription Drugs comprise more than 40% of the cost of claims that are greater than $100,000
- Large claims, in general, are subject to greater inflation than smaller claims
  - The CPI for the prices of hospital services has recently been growing at a faster rate than the CPI for office visits or physical therapy
- The varying mix of services by claim size has implications for the payout rates by type of service
  - Office Visits, Physical Therapy, and Emergency Services all have relatively fast payout patterns
  - Hospital Services and Prescription Drugs have relatively slow payout patterns
  - For every claim size range, Prescription Drugs are a substantially greater share of total medical costs paid after the sixth relative service year[3] than they are up through the first six relative service years
  - Physical Therapy, Hospital Services, and Surgery & Anesthesia are greater shares of total medical costs paid through the sixth relative service year than they are of the seventh and subsequent relative service years
- The patterns of distribution and development are generally similar to those in NCCI's prior study, with two main differences:
  - Prescription Drug payout pattern is faster than observed in the prior study
  - Office Visit payout pattern is slower than observed in the prior study

[1] Barry Lipton, Gina Cooper, John Robertson, "Medical Services by Size of Claim," NCCI, 2008, reprinted 2009, available on **ncci.com**.
[2] The nine service groups are Office Visits, Physical Therapy, Emergency Services, Hospital Services, Diagnostic Testing, Surgery & Anesthesia, Prescription Drugs, Other Services, and Supplies.
[3] *Relative service year* is defined in the Glossary, page 22.

BACKGROUND

This section explains how we organized the data for the study and makes a few observations about the data. Similar to the prior study, claim and loss experience is drawn from sample data provided by carriers. We looked at indemnity and medical losses to group claims by size, then analyzed the medical losses as claims developed over time.

Claim Size Determination

Claim size in this study is the case-incurred value of a claim at 36 months of maturity, trended to year-end 2009. We chose not to trend beyond the point where we had actual cost information, since wage and medical trends are both impacted by the recession that began in late 2007. Medical costs are trended using the Medical Consumer Price Index, while indemnity costs are trended using the Quarterly Census of Employment and Wages. While individual claim sizes will generally continue to develop after 36 months, defining claim size as we have allows us to establish cohorts of claims that we can then follow for up to 12 years of development. At 36 months, a fair amount is usually known about a claim, so the incurred value at 36 months is generally a good indication of whether the ultimate claim size will be small or large. The claim size ranges used are shown in Table 1 below and in Table A.1 in Appendix A.

Estimating Ultimate Shares

Many of the key results that we present are ultimate shares of given medical services for a size range. Ultimate shares by accident year were derived from a review of historical shares by accident year and relative service year, apparent trends in those shares, and payout patterns for size of claim ranges. Final share percentages are for the three Accident Years 2004 to 2006, estimated at their ultimate value after developing and trending medical losses.

Distribution of Lost-Time Medical Dollars by Claim Size

Table 1 shows the distribution of claim costs and dollars of loss by size category as well as the estimated ultimate medical cost per lost-time claim. Since the last study, the distribution of claims by size range have drifted up, consistent with inflation. The proportion of claims valued at less than $10K declined, while the proportion in size ranges between $10K and $1 million increased. Claims more than $1 million remained at about 0.1% of all lost-time claims.

Size Range ($)*	Percent of Claim Count	Percent of Ultimate Cost	Estimated Ultimate Medical Cost per Lost-Time Claim **
Less than 1K	7.6	0.2	500
1K to 5K	25.0	2.0	1,800
5K to 10K	15.2	3.2	4,900
10K to 50K	35.5	23.6	15,200
50K to 100K	9.0	16.1	40,900
100K to 500K	7.3	41.3	130,000
500K to 1M	0.3	6.4	492,000
At least 1M	0.1	7.2	2,721,000

* Size is total reported value (Paid plus Case Reserve) at 36 months

** The overall estimated ultimate cost per claim is balanced to the average lost-time medical claim severity in NCCI's 2010 ***Annual Statistical Bulletin***

Table 1. Distribution of Lost-Time Medical Dollars by Claim Size, AY 2004–2006

Distribution of Medical Losses by Medical Service Category

Figure 1 shows the ultimate distribution of all medical losses (including losses associated with medical-only claims) by medical service category and compares this distribution with the previous distribution. No category contributes more than 20% to overall medical costs. Surgery & Anesthesia and Prescription Drugs have the highest share, while Emergency Services continue to have the lowest medical costs.

There are three differences between the current study and the previous study—updated experience, inclusion of additional states,[4] and inclusion of self-insured and large deductible experience. As such, this study is based on broader experience than the previous study, which impacts the distribution. Hospital costs, for example, have risen faster than average medical costs (see Appendix C), so the addition of both states and large deductible policy experience is the likely cause of the relative decline in the share of Hospital Services since the prior study. The 18% overall share for Prescription Drugs in this study is consistent with the estimate in NCCI's latest Prescription Drug study[5] for Accident Years 2004 to 2006, which also estimates the Prescription Drug share of total medical services at 19% for Accident Year 2009.

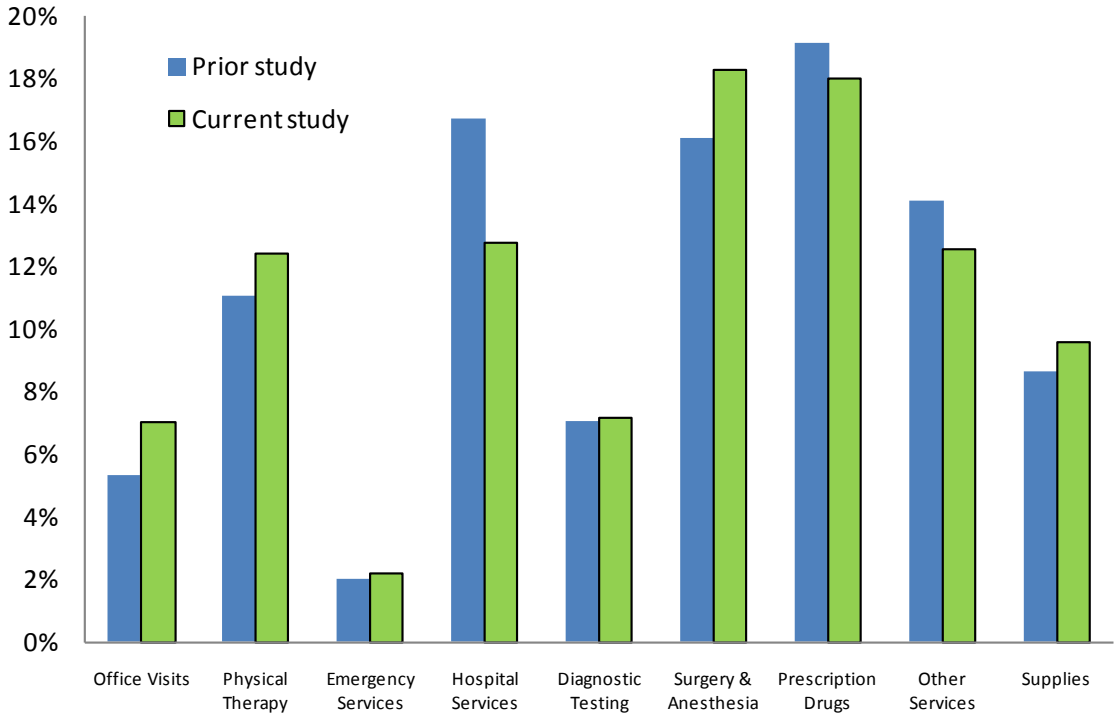

Figure 1: Ultimate Medical Services Loss Distribution for All Claims by Service Category, Current (AY 2004–2006) vs. Prior Study (AY 2001–2003)

[4] Current study includes all states except OH, ND, WA, WV, and WY. Prior study only included states where NCCI provides ratemaking services.
[5] Barry Lipton, Chris Laws, Linda Li, "Workers Compensation Prescription Drug Study: 2011 Update," NCCI, 2011, available on **ncci.com**.

DISCUSSION OF FINDINGS

In Figure 2, we give an overview of the ultimate loss distribution of lost-time claims, which is somewhat different from the distribution shown in Figure 1, representing all claims. When medical-only losses are eliminated, we see that the shares of Emergency Services and Office Visits are lower, while Hospital Services and Prescription Drugs have a higher share.

Surgery & Anesthesia, Prescription Drugs, and Hospital Services collectively account for more than half of all medical benefits provided for lost-time claims. Note that Other Services includes nursing home and home healthcare costs.

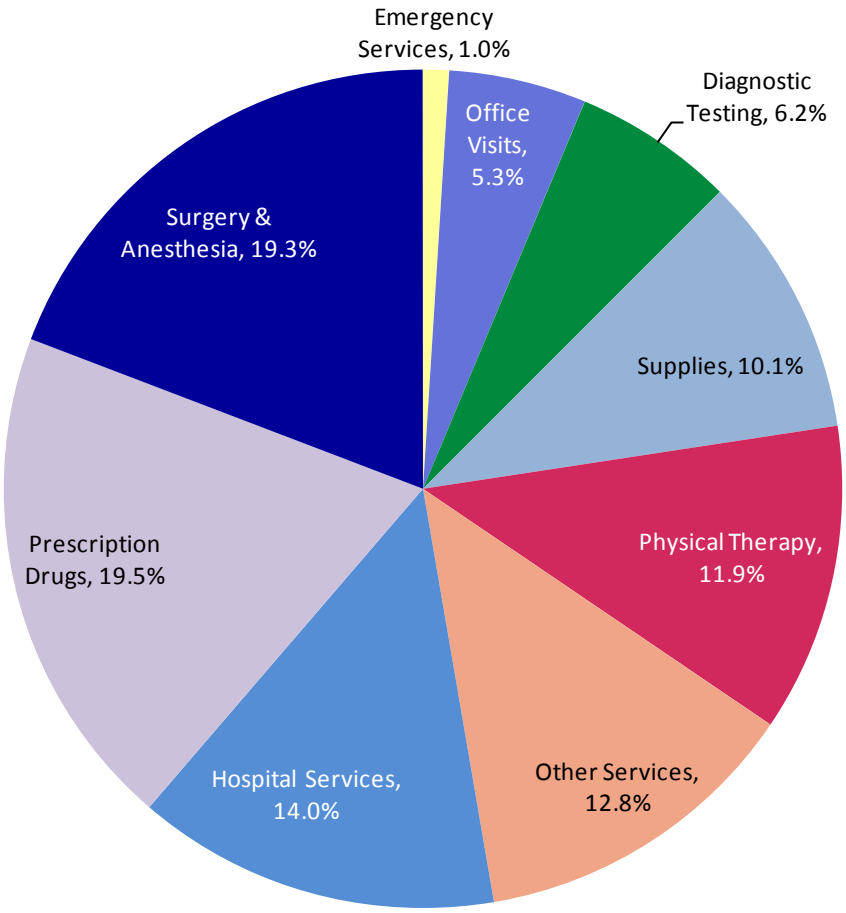

Figure 2: Ultimate Medical Services Loss Distribution for Lost-Time Claims By Service Category, AY 2004–2006

The shares underlying Figure 2 are given in Appendix A, Table A.1. In Figure 2, and all subsequent exhibits, claim size groupings are determined by the size of the claims at 36 months, while shares are based on estimated ultimate values.

Large Claims vs. Small Claims

The average ultimate shares for Accident Years 2004 to 2006 by size of loss and medical service category are shown in Figure 3. As you move across Figure 3 from left to right, you can see a shift in the mix of medical services as claim size increases. The shares for Office Visits, Emergency Services, Diagnostic Testing, and Physical Therapy are greater for smaller claims than for larger claims. Conversely, the shares for Hospital Services, Prescription Drugs, and Other Services generally increase as the claim size increases. There may be some blending of the three highest shares for the >= 1M group as Prescription Drug expenses may be bundled with hospital or nursing home costs, in some instances. Interestingly, Surgery & Anesthesia costs represent a larger share of total medical costs for claims in the three ranges between $5K and $100K when compared with either larger or smaller claim sizes. The shares are remarkably similar to those in the prior study, despite the fact that we have added several large states to the sample.

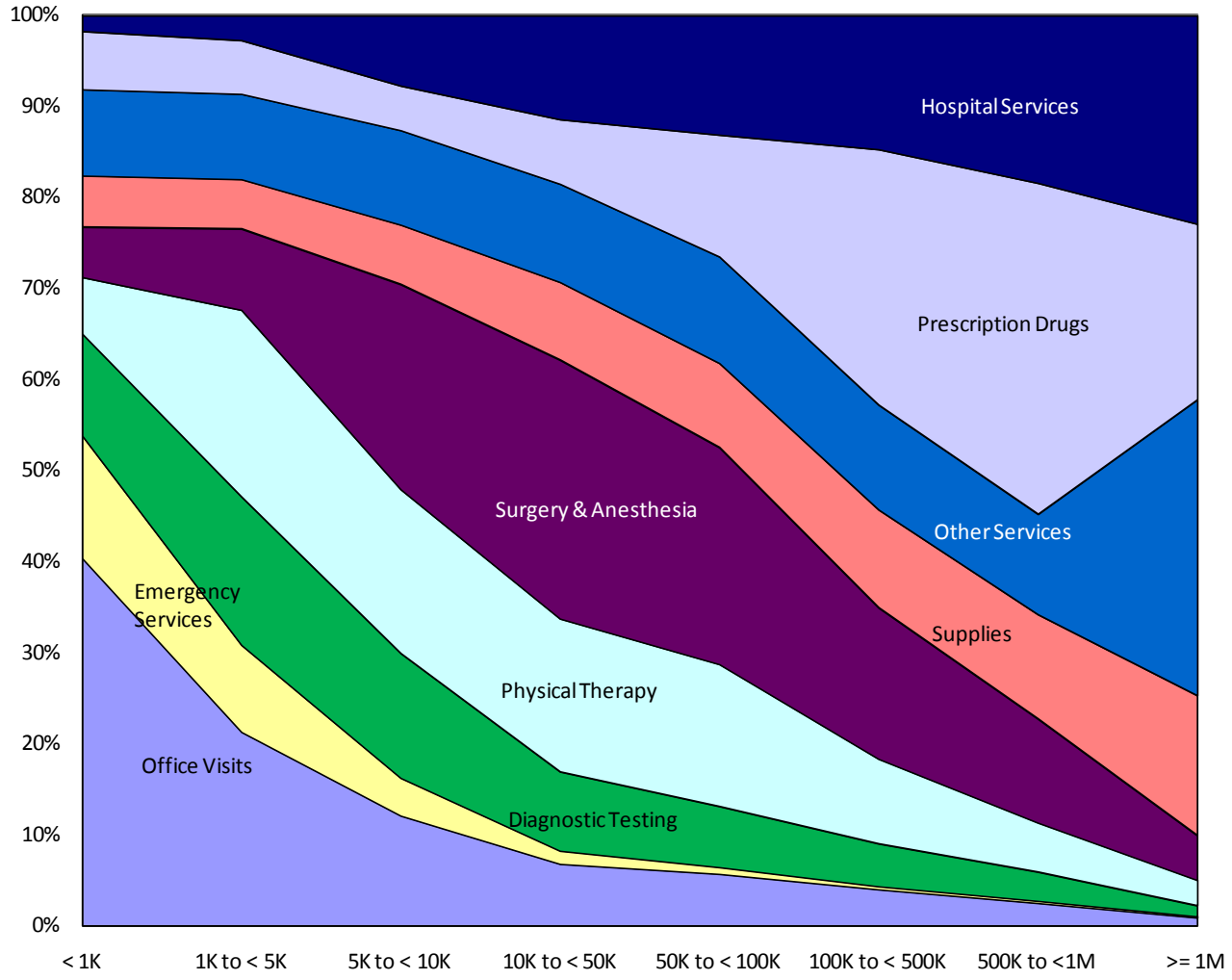

Figure 3: Ultimate Medical Services Loss Distribution for Lost-Time Claims by Service Category by Size of Claim, AY 2004–2006

Medical Services Detail

Not only are there big differences in shares of medical costs by service category across size ranges, but some services have a higher concentration of their total costs in smaller claims, and others have a higher concentration of their total costs in larger claims. For example, only about 20% of Prescription Drug costs are associated with claims less than $100K (Figure 4), while more than 60% of Office Visit costs are associated with claims of this size (Figure 5).

Prescription Drugs, in Figure 4, has the largest comparative proportion of costs in the two ranges between $100K and $1 million, when compared with other medical services.

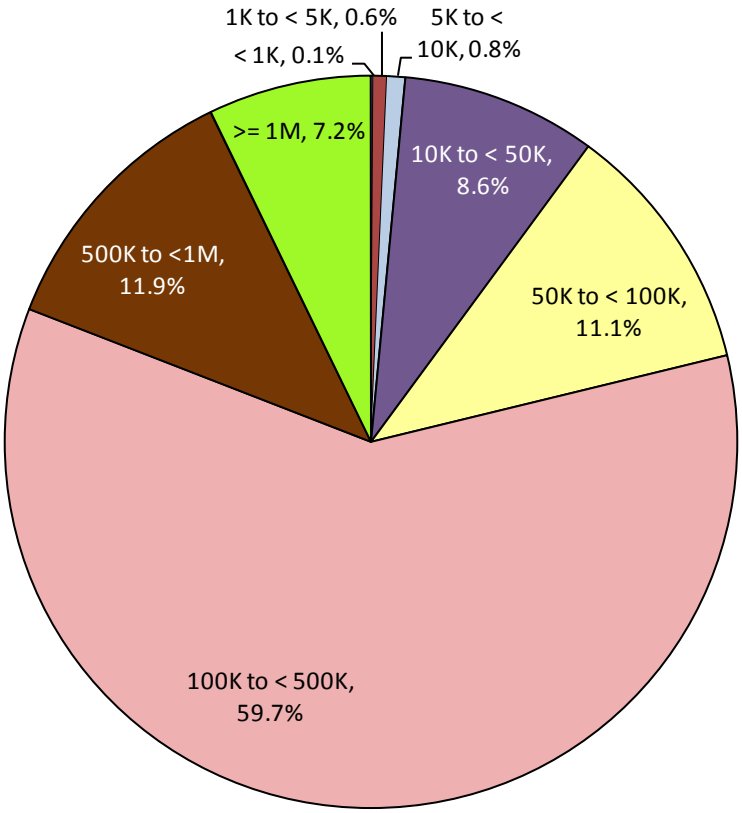

Figure 4: Prescription Drugs Share Distribution for Lost-Time Claims, AY 2004–2006

In Figure 5 (Office Visits), we see that about 17% of costs are for claims that at 36 months are valued at less than $10,000—a larger proportion than for other services.

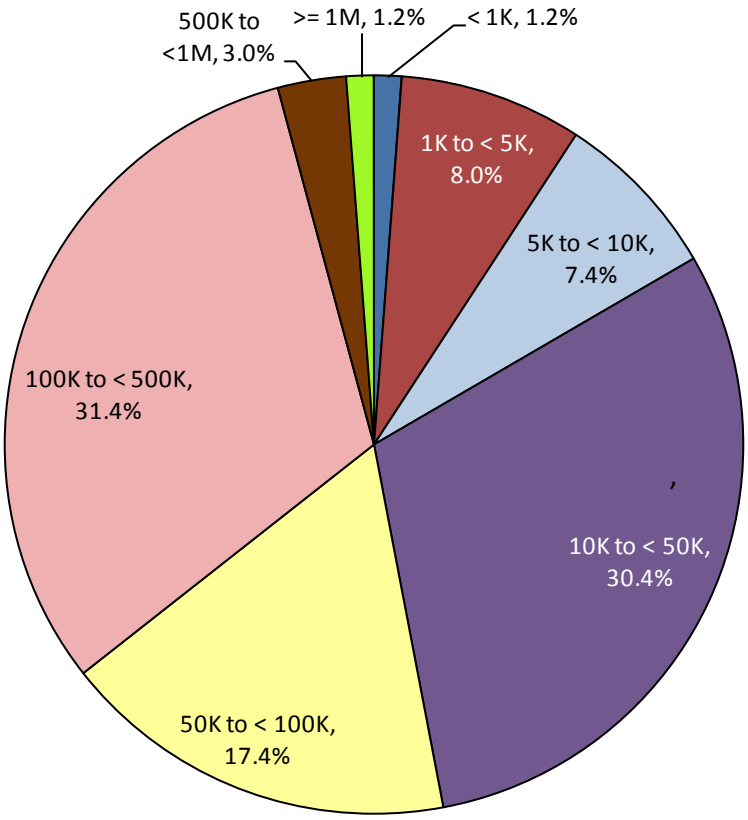

Figure 5: Office Visits Share Distribution for Lost-Time Claims, AY 2004–2006

The Physical Therapy share distribution in Figure 6 resembles that for Office Visits in Figure 5, although there was somewhat less concentration in claim sizes up to $10K.

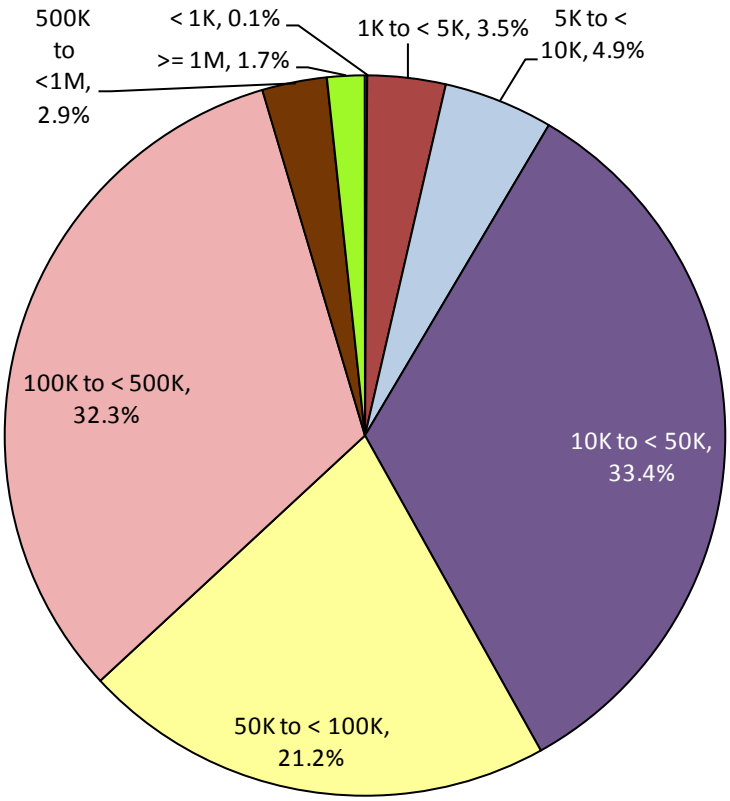

Figure 6: Physical Therapy Share Distribution for Lost-Time Claims, AY 2004–2006

The distributions of costs for Hospital Services (Figure 7) and for Other Services (Figure 8) across the size groups are similar to those of our previous study. Each has their highest concentration, 43% and 37%, respectively, in claims in the $100K to $500K group.

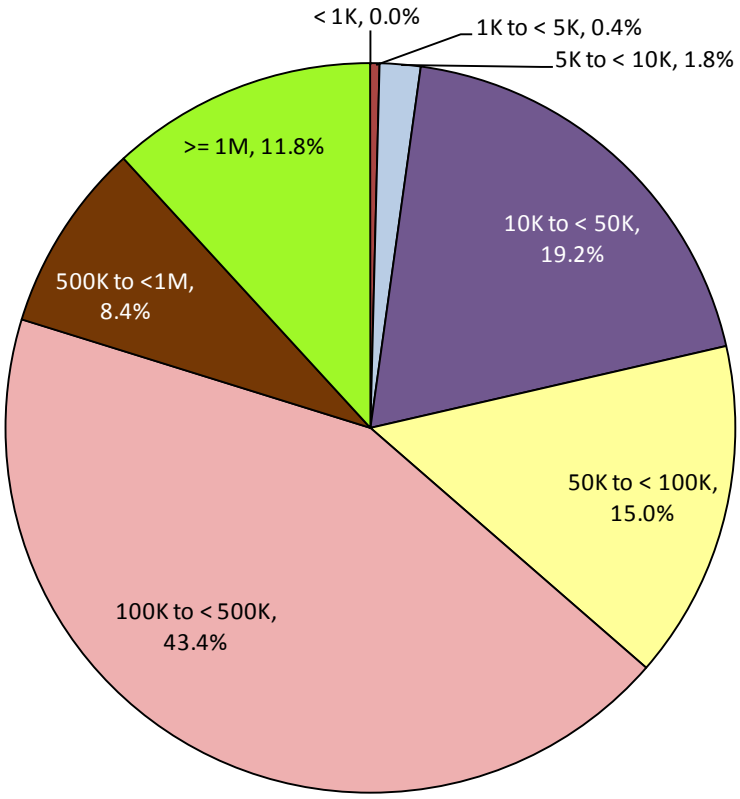

Figure 7: Hospital Services Share Distribution for Lost-Time Claims, AY 2004–2006

Nursing home and home healthcare are part of Other Services in Figure 8. Home healthcare cost trends are primarily labor costs. Given the recession, wage changes should be moderate in the short term, possibly dampening cost growth in this area. As the population ages, however, there will likely be an increase in demand for these services, which could apply upward pressure on workers compensation costs for claimants needing extensive nursing home care or home care. It will be interesting to see if this pressure changes the distribution below, over time.

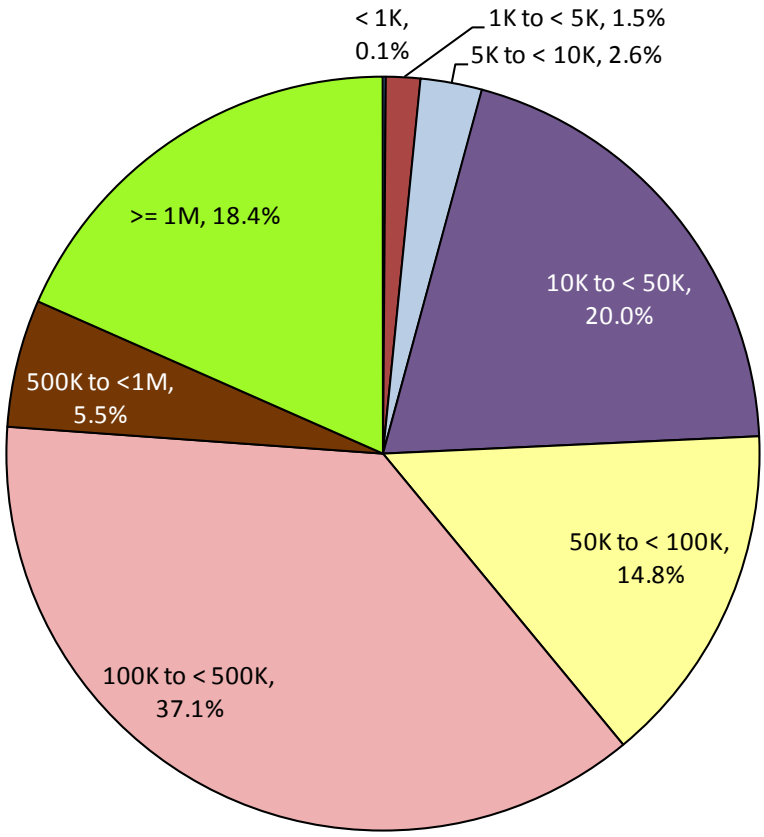

Figure 8: Other Services Share Distribution for Lost-Time Claims, AY 2004–2006

Payout Patterns

We now turn to relationships among payout patterns,[6] claim size,[7] and service distribution. Not surprisingly, larger claims tend to take longer to pay out than smaller claims (see Figure 9). While 80% of medical costs are paid out by the end of the second relative service year for claims that are less than $50K, only 32% are paid by the end of the sixth relative service year for claims that exceed $1 million. This implies that the types of services that are more prevalent in the smaller claim size categories will generally pay out faster than the types of services that are more prevalent in the larger claim size categories.

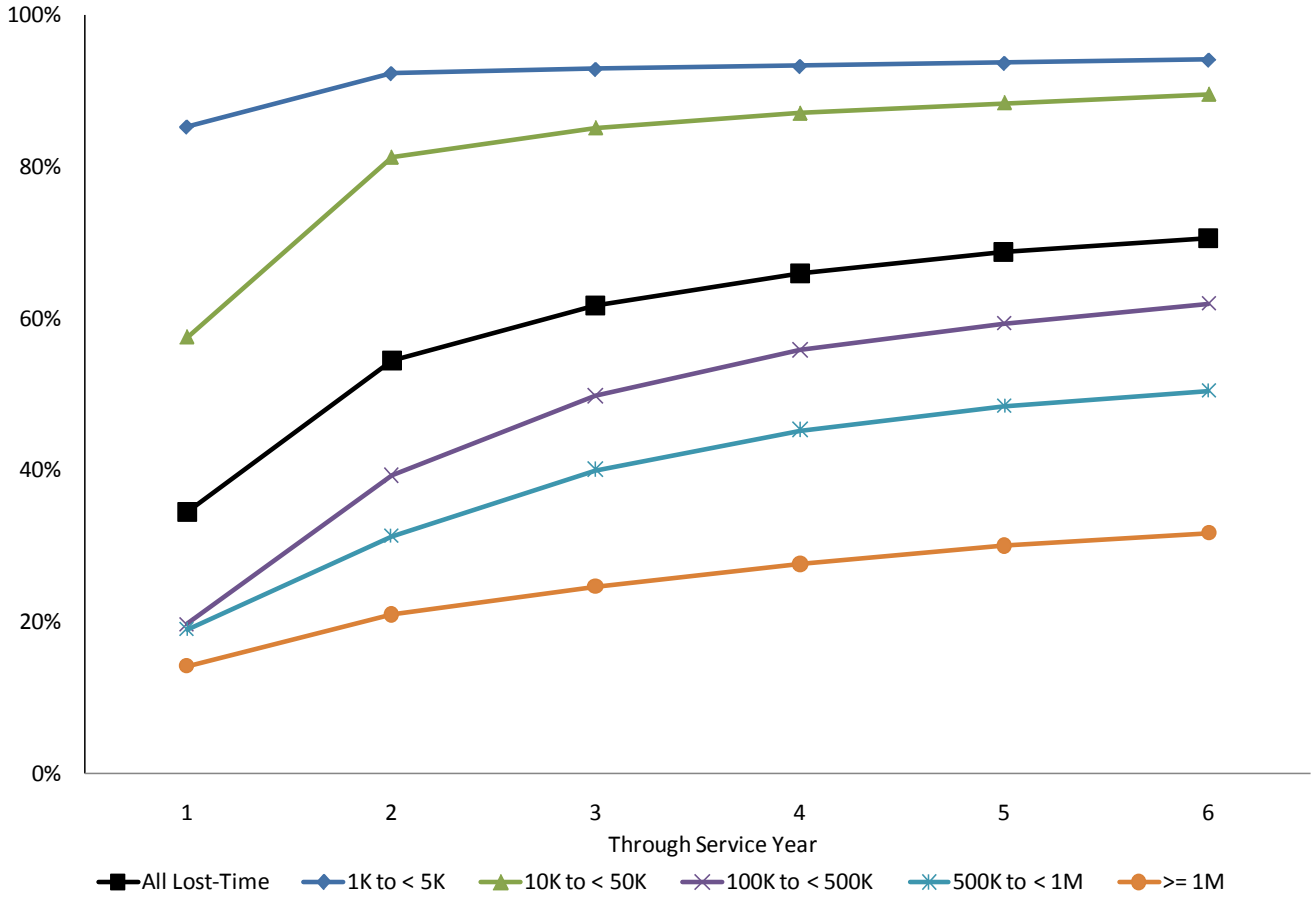

Figure 9: Size Group Payout Patterns for Lost-Time Claims by Size of Claim, AY 2004–2006

[6] ``Payout patterns'' here are the shares of ultimate costs of services provided through given relative service years. Actual cash payments for services lag the dates services that are provided by some amount, which might vary according to the billing method used and other factors.
[7] A few of the lower cost ranges have not been included, in the interest of making it easier to read the graphs.

In the most extreme example, the slowest payout rate of any service category is that for Prescription Drugs. Overall, less than 20% of Prescription Drug costs for lost-time claims are paid by the end of the sixth relative service year (Figure 10). Two main drivers contribute to this slow rate of payout. First, most Prescription Drug payments are associated with claims in the larger claim size categories that typically payout more slowly. In addition, within any size category, Prescription Drugs has a slower payout rate than any other service category, even for the small claim sizes. For example, for claims in the $1K to $5K size range, about 60% of drug costs are paid by the sixth relative service year, while more than 90% of all medical costs for this size category are paid at that point.

In the prior NCCI study, the payout pattern for Prescription Drugs was estimated to be even slower than in Figure 10. At that time, prescription costs were increasing annually at a rate much higher than other medical costs, and that trend was expected to persist. Since then, the Prescription Drug trend has moderated, reducing the portion of expected payments beyond six years. For more information about the cost of Prescription Drugs in workers compensation, see NCCI's 2010 Prescription Drug Study.[8]

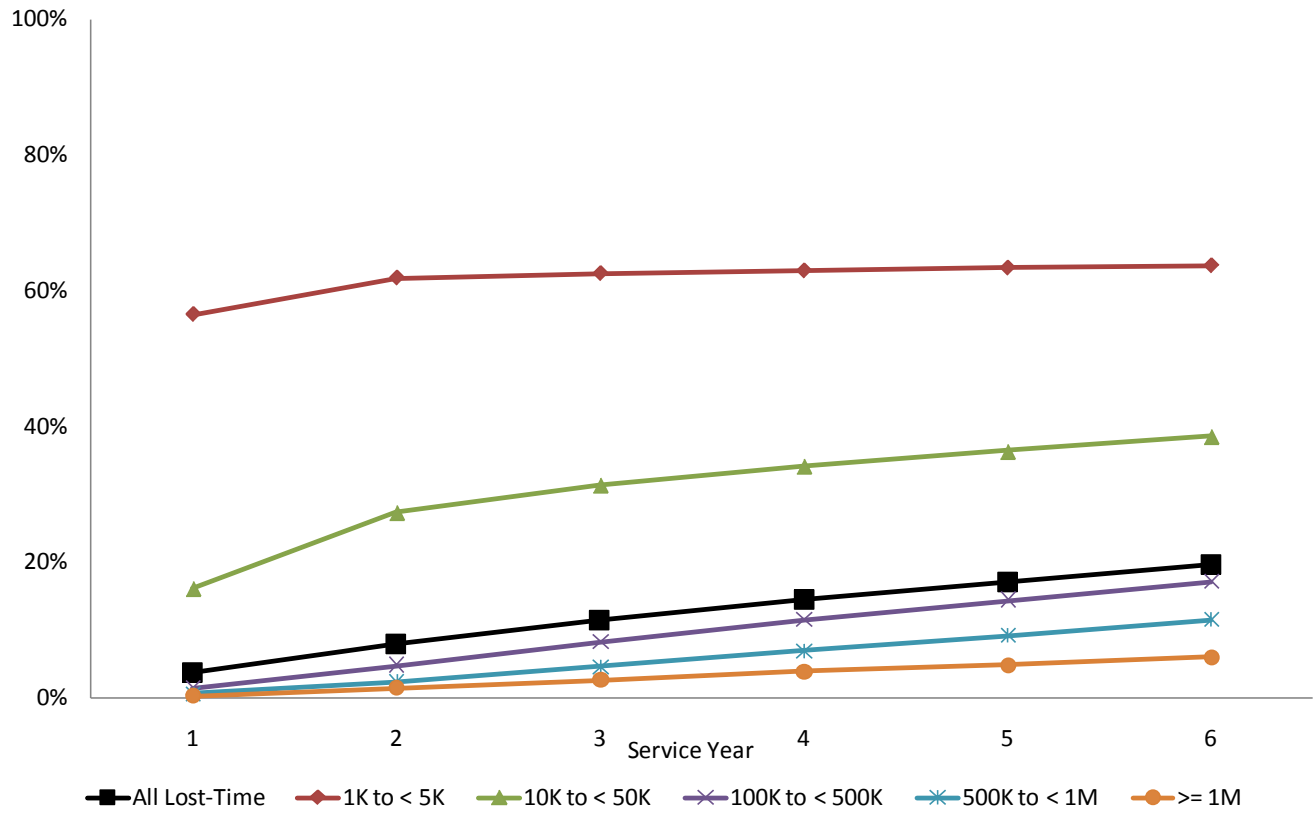

Figure 10: Prescription Drug Payout Patterns for Lost-Time Claims by Size of Claim, AY 2004–2006

[8] Barry Lipton, Chris Laws, Linda Li, "Workers Compensation Prescription Drug Study, 2010 Update," NCCI, January 2011, available on **ncci.com**.

Hospital Services have the second slowest payout pattern (Figure 11). Half of overall Hospital Service costs are for services provided in the year of injury, with another third provided through relative service year 6. The payout for both the most costly and the least costly claims is relatively slow, indicating that Hospital Services may be provided many years after the original injury date.

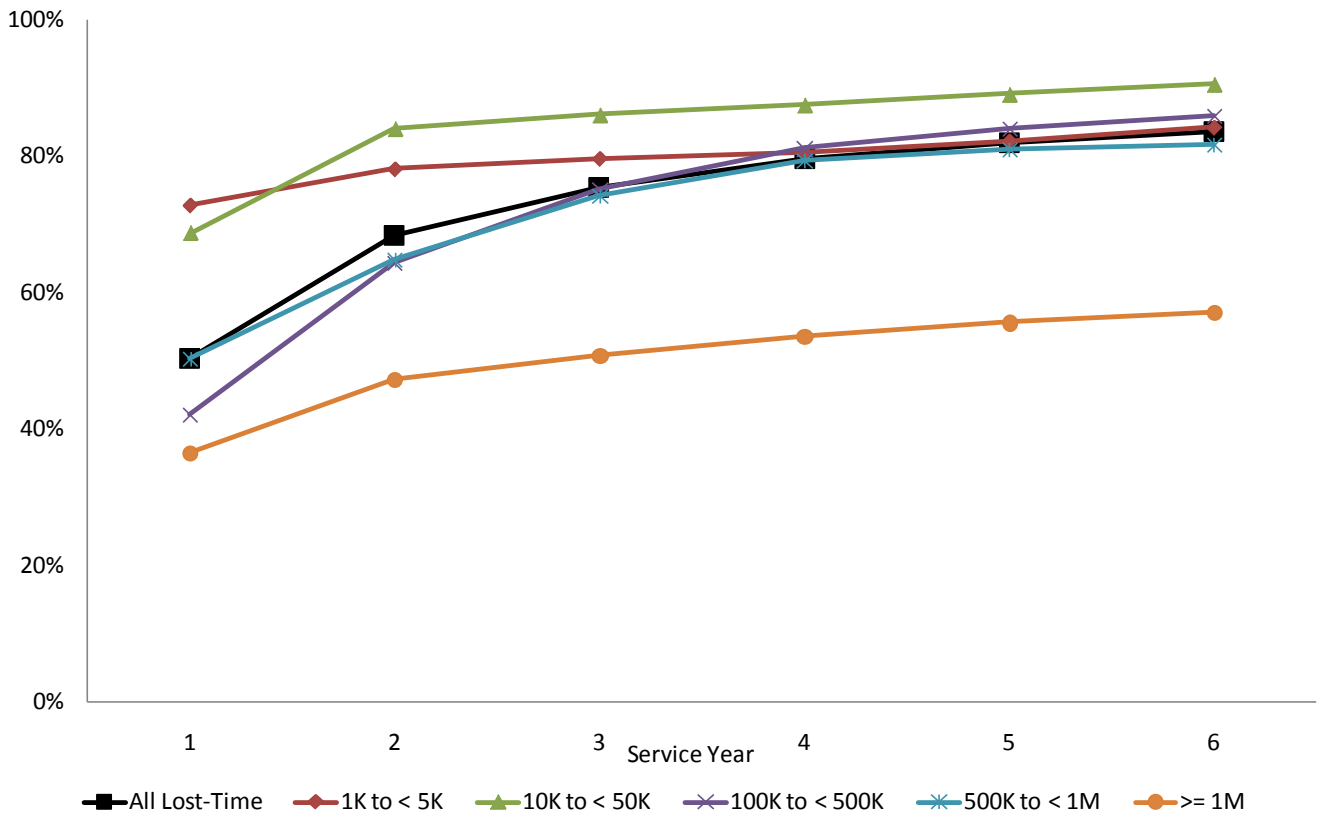

Figure 11: Hospital Services Payout Patterns for Lost-Time Claims by Size of Claim, AY 2004–2006

At the other extreme, Physical Therapy (Figure 12) and Office Visits (Figure 13) pay out faster than the average for lost-time claims across all service categories. Comparing the payout patterns to the prior study for these last two services categories, Physical Therapy patterns appear to be similar to those in the prior study, while the payout for Office Visits has slowed, particularly for claim sizes over $500K.

The number of physical therapy treatments is limited in many states, based on the type of injury. This limitation may be one reason that Physical Therapy is a small part of the treatment picture beyond about five years for all but the most costly claims.

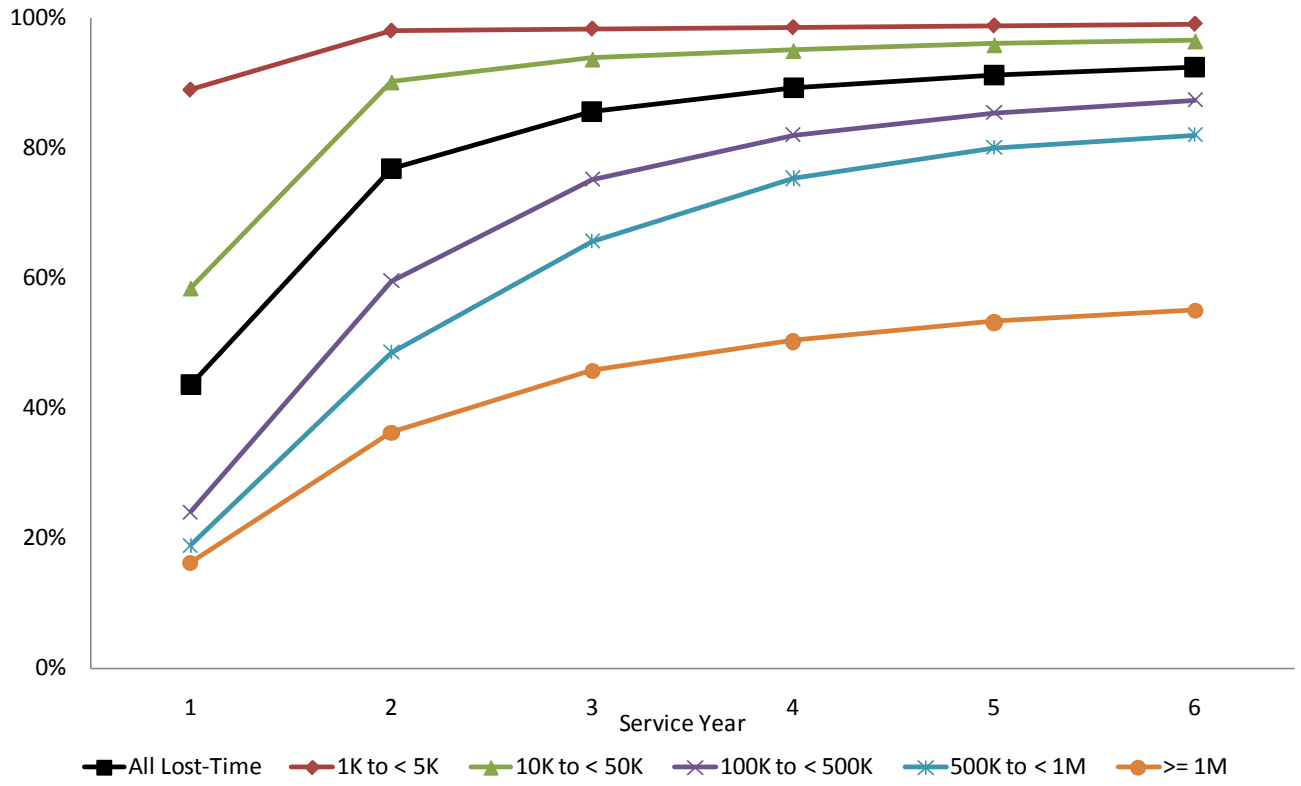

Figure 12: Physical Therapy Payout Patterns for Lost-Time Claims by Size of Claim, AY 2004–2006

Office Visits in Figure 13, while paying out more quickly than most, are less than 50% complete after six years for the most costly claim sizes greater than $500k.

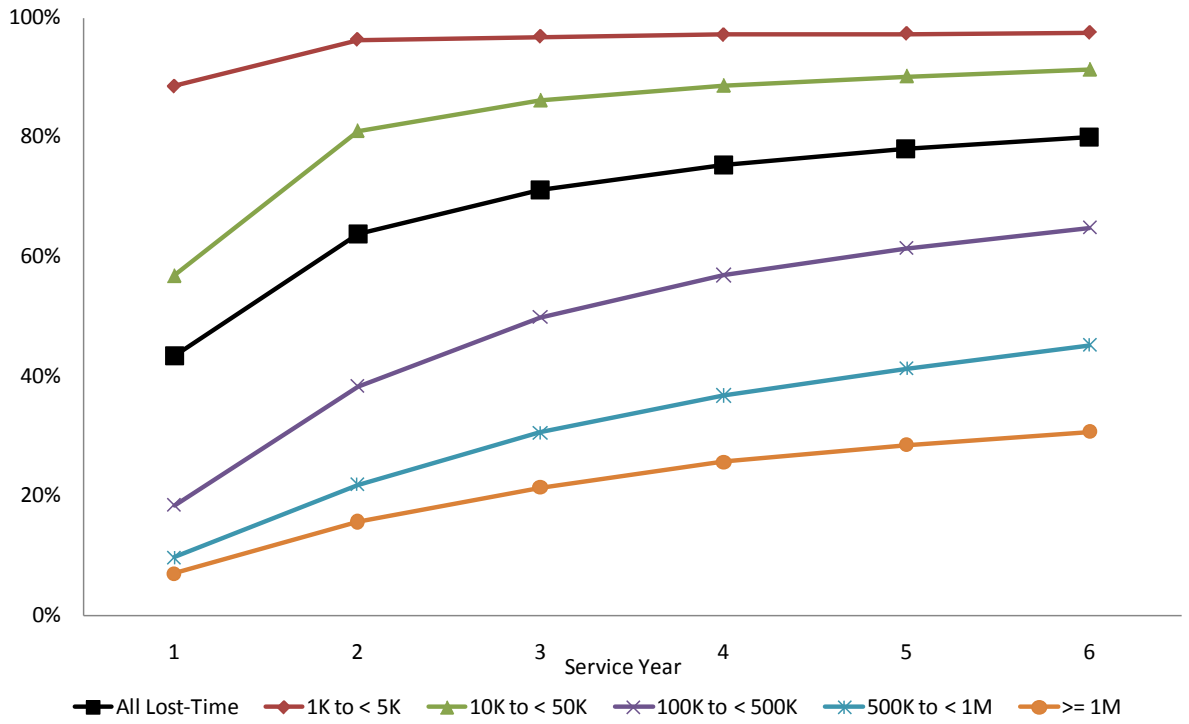

Figure 13: Office Visits Payout Patterns for Lost-Time Claims by Size of Claim, AY 2004–2006

The next two graphs contrast medical service costs in the early relative service years and in later relative service years. The distributions are quite different. In the first six relative service years, Hospital Services and Surgery & Anesthesia have the largest cost shares, while Other Services and Physical Therapy have significant shares (Figure 14). Almost half of all medical costs for claims greater than $500K are for either Hospital Services or Surgery & Anesthesia. The Prescription Drug share is less than 10% for all size groups over this service period.

The proportion of medical services costs paid during the first six relative service years is shown below each size range. Claims in the under $50K group are 90% paid, while in the over $1 million group, only one-third of costs are paid after six relative service years.

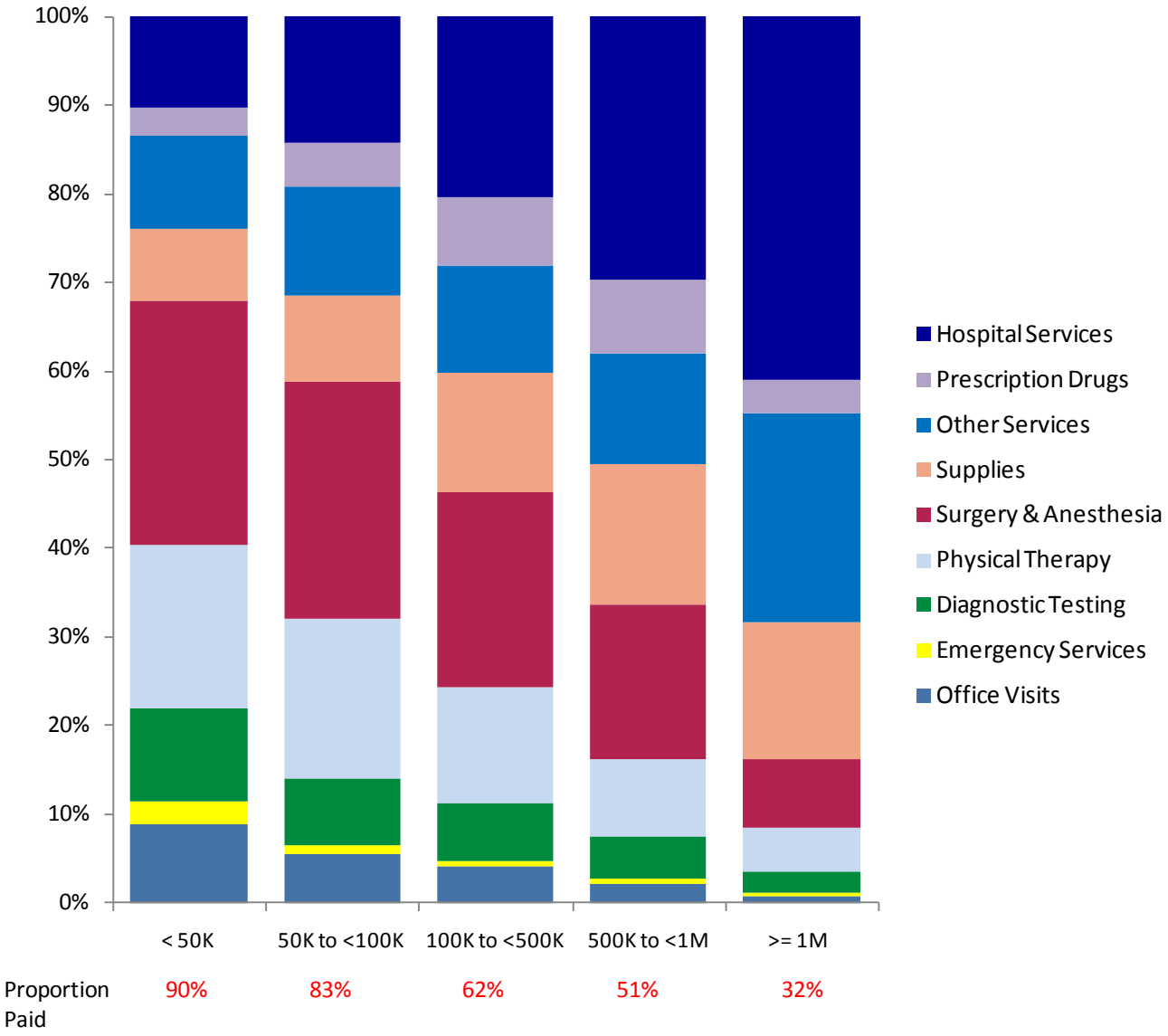

Figure 14: Paid Medical Service Loss Distribution for Lost-Time Claims Through Six Relative Service Years, by Size of Claim, AY 2004–2006

In contrast, the distribution of medical losses paid from the seventh to ultimate relative service years is dominated by Prescription Drugs (Figure 15).

The cost of Other Services contributes more than a third to the medical cost of lost-time claims greater than $1 million, a reflection of the severity of the injuries in the highest cost group—while only constituting about 10% of costs for the less costly claim size groups. The over $1 million size group also has a jump in the share of supplies, which encompasses orthotics, prosthetics, and durable medical equipment.

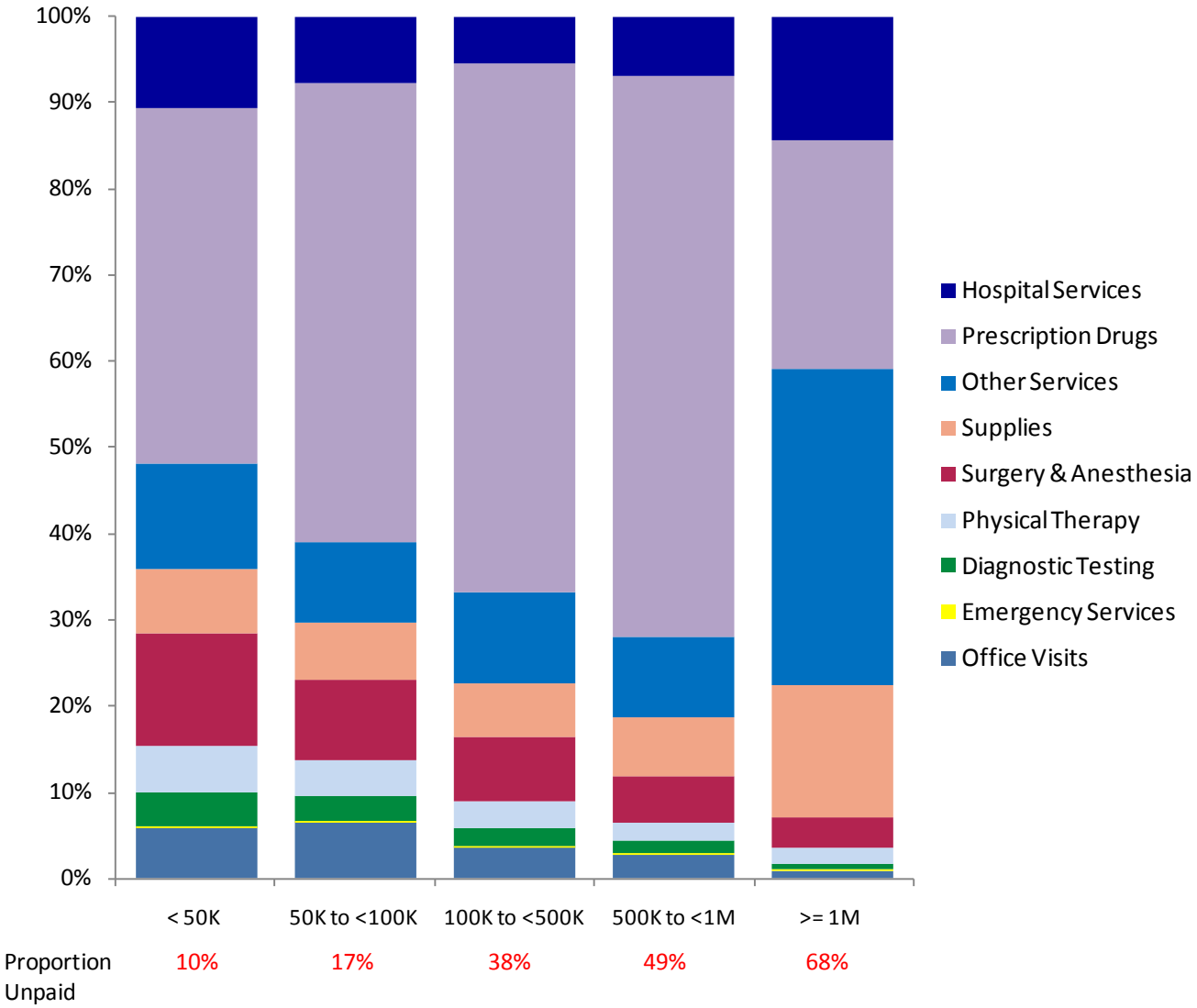

Figure 15: Unpaid Medical Service Loss Distribution for Lost-Time Claims Seventh to Ultimate Relative Service Years, by Size of Claim, AY 2004–2006

Trend

Because historical cost trends have varied from one medical service type to another, knowing the service composition of different size claims could be useful in forecasting cost trends for different claim size groups. From 2001 to 2010, the average prices of medical care increased 43%, as measured by the Medical Consumer Price Index (CPI), (Appendix C, Table C.1).

Hospital Services had significantly above-average price changes, at 82%, while Professional Services had a below-average price increase, at 33%. Hospital costs are a large share of medical costs for larger claims, while Professional Services are a large share of costs for smaller claims.

Prescription Drugs had price increases slightly below average at 34%; in the last study, Prescription Drugs had average price changes. Even with Prescription Drug trends lower than three years ago, claims with greater medical costs are likely to be trending at a higher rate than smaller claims.

Weighting the medical services distribution for the first 10 service years with the average CPI change for that service from Table C.1 shows that prices paid for medical services on larger claims have increased more than prices paid for medical services on smaller claims. The average CPI change is 52% for the smaller (0–$50K) claims, which is lower than the average CPI change of 57% for the largest (greater than $1 million) claims. Of course, other factors affect changes in the costs of otherwise comparable claims from one year to the next, including changes in the number of services provided for comparable injuries and the mix of services provided.

NCCI's "Workers Compensation Prescription Drug Study: 2011 Update" provides an in-depth analysis of the forces influencing Prescription Drug trends. After a period of lower growth in the mid-2000s, Prescription Drug costs have trended upward more rapidly since 2005.

CONCLUSION

Large claims have a substantially different mix of medical services from that for small claims. This difference in the mix of services affects the overall payout pattern for a given service and has implications for differences in trend for claims of varying sizes. The patterns observed in the previous study have held quite steady, with minor changes noted.

Acknowledgements

Gina Cooper, Chris Laws, and Ampegama Perera contributed to this study.

Appendix A—Distribution Tables

Table A.1: Shares of Medical Losses by Medical Service Group and Size of Claim
Shares relate to Lost-time Claims, except for the All Claims and Medical Only Groups

Average for Accident Years 2004 to 2006

	All Claims	Med Only	Lost-Time Claims	< 1K	1K to < 5K	5K to < 10K	10K to < 50K	50K to < 100K	100K to < 500K	500K to < 1M	>= 1M
Office Visits	7.0%	19.7%	5.3%	40.4%	21.3%	12.1%	6.8%	5.7%	4.0%	2.5%	0.9%
Physical Therapy	12.4%	16.5%	11.9%	6.2%	20.5%	18.0%	16.8%	15.6%	9.3%	5.4%	2.8%
Emergency Services	2.2%	10.5%	1.0%	13.5%	9.6%	4.2%	1.5%	0.8%	0.4%	0.3%	0.2%
Hospital Services	12.8%	4.0%	14.0%	1.7%	2.7%	7.7%	11.4%	13.1%	14.7%	18.4%	22.9%
Diagnostic Testing	7.2%	14.4%	6.2%	11.2%	16.3%	13.7%	8.7%	6.7%	4.7%	3.2%	1.2%
Surgery & Anesthesia	18.3%	10.6%	19.2%	5.5%	8.9%	22.5%	28.4%	23.8%	16.6%	11.4%	4.9%
Prescription Drugs	18.0%	7.5%	19.5%	6.4%	5.9%	4.9%	7.1%	13.4%	28.1%	36.4%	19.3%
Other Services	12.5%	10.7%	12.8%	9.5%	9.4%	10.4%	10.8%	11.7%	11.5%	11.0%	32.5%
Supplies	9.6%	6.1%	10.1%	5.6%	5.4%	6.5%	8.5%	9.2%	10.7%	11.4%	15.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Size is reported value (Paid Plus Case) at 36 months and shares are at estimated ultimate value

Appendix A—Distribution Tables (Cont'd)

Table A.2: Distribution of Medical Costs on Lost-Time Claims for Given Medical Services Across Size Ranges

Average for Accident Years 2004 to 2006

	< 1K	1K to < 5K	5K to < 10K	10K to < 50K	50K to < 100K	100K to < 500K	500K to < 1M	>= 1M	Total - Lost Time Only
Office Visits	1.2%	8.0%	7.4%	30.4%	17.4%	31.4%	3.0%	1.2%	100.0%
Physical Therapy	0.1%	3.5%	4.9%	33.4%	21.2%	32.3%	2.9%	1.7%	100.0%
Emergency Services	2.1%	18.3%	12.9%	34.8%	11.8%	17.0%	1.9%	1.2%	100.0%
Hospital Services	0.0%	0.4%	1.8%	19.2%	15.0%	43.4%	8.4%	11.8%	100.0%
Diagnostic Testing	0.3%	5.3%	7.2%	33.3%	17.5%	31.7%	3.3%	1.4%	100.0%
Surgery & Anesthesia	0.0%	0.9%	3.8%	34.5%	19.8%	35.4%	3.8%	1.8%	100.0%
Prescription Drugs	0.1%	0.6%	0.8%	8.6%	11.1%	59.7%	11.9%	7.2%	100.0%
Other Services	0.1%	1.5%	2.6%	20.0%	14.8%	37.1%	5.5%	18.4%	100.0%
Supplies	0.1%	1.1%	2.1%	20.0%	14.7%	43.8%	7.2%	11.0%	100.0%
Total	0.2%	2.0%	3.2%	23.6%	16.1%	41.3%	6.4%	7.2%	100.0%

Size is reported value (Paid Plus Case) at 36 months and shares are at estimated ultimate value

Appendix B—Technical Appendix

Data

We looked at medical payments for claims in Accident Years 1999 to 2006 using sample data provided by carriers for 45 states and the District of Columbia.[9] The previous report included sample data only for the states where NCCI provides ratemaking services.

In this study, an adjustment was made to the sample data to true up the percentage of medical-only losses, to balance with other NCCI sources. The nature of sampling at the transactional level allowed a higher proportion of the medical-only claims to be included in the study's database. Balancing the percentage of sample medical-only losses to those on NCCI statistical Calls allowed for more consistency across reports.

Estimating Ultimate Shares

Our main analysis estimates service category shares by accident year and relative service year (see the Glossary in this Appendix). For each service category and size range (at 36 months, trended to 2009), we used two loss development triangles:

- A triangle with the dollars paid for the service category by accident year and relative service year
- A triangle with dollars paid across all service categories by accident year and relative service year

The ratio of these triangles gives the historic shares for the service category by accident year and relative service year. We completed the triangle taking into account apparent trends in the shares by accident year and relative service year, and we selected shares for the service periods beyond the available data.

We used the payout patterns indicated by the paid triangle for all service categories to weight the shares in a given service category and estimate the service category's share of ultimate medical costs for each accident year.

As a final step, we adjusted the medical-only ultimate loss percentage of total to match that in NCCI's ***Annual Statistical Bulletin***.

[9] Not included in this study are WV, due to limited experience, and the four monopolistic states—ND, OH, WA, and WY.

GLOSSARY

Accident Year Losses—The accumulation of loss data on all accidents with the date of occurrence falling within a given calendar year.

Service Year Losses—The accumulation of loss data for all services provided in a calendar year aggregated across applicable (and available) accident years. For instance, if the data consists of all accidents that occurred from 1994 to 2007 (or Accident Years 1994 through 2007), then Service Year 2000 would consist of all services provided in the year 2000 for those accidents that occurred in the years 1994 through 2000.

Relative Service Year—The first relative service year consists of all services provided in the calendar year of the accident or injury. The second relative service year consists of all of the services provided in the calendar year following the year of injury, and so on. For example, if an injury occurs in November 1999, any treatments and prescriptions filled in 1999 are part of the first relative service year, and any treatments in 2000 would be in the second relative service year. Treatments in 2001 would be part of the third relative service year, and so on.

Appendix C—Medical Consumer Price Index Inflation

Table C.1: Cumulative Change in Consumer Price Index From 2001 Through 2010, Select Categories

Item	Cumulative Change
Medical care	+43%
Medical care commodities	+25%
Prescription drugs	+34%
Nonprescription drugs and medical supplies	+6%[10]
Medical care services	+48%
Professional services	+33%
Physicians' services	+31%
Dental services	+48%
Eyeglasses and eye care	+14%
Services by other medical professionals	+27%
Hospital and related services	+82%
Hospital services	+83%
Inpatient hospital services	+83%
Outpatient hospital services	+84%
Nursing home and adult day care services	+46%

Source of 2010 index—BLS, "CPI Detailed Report, Data for December 2010," page 98: http://www.bls.gov/cpi/cpid1012.pdf

Source of 2001 index—BLS, "CPI Detailed Report, Data for December 2009," page 103: http://www.bls.gov/cpi/cpid0912.pdf

[10] NCCI estimate.

Table C.2: Definitions of Published Medical Care Indexes as of December 2007

ITEM	DEFINITION
Medical care	Medical care commodities and medical care services.
Medical care commodities	Prescription drugs, nonprescription over-the-counter-drugs, and other medical equipment and supplies.
Prescription drugs	All drugs dispensed by prescription. Mail order outlets are included. Prices reported represent transaction prices between the pharmacy, patient, and third party payer, if applicable.
Nonprescription medical equipment and supplies	Nonprescription medicines and dressings used externally, contraceptives, and supportive and convalescent medical equipment (e.g., adhesive strips, heating pads, athletic supporters, and wheelchairs).
Medical care services	Professional medical services, hospital services, nursing home services, and health insurance imputation.
Professional services	Physicians, dentists, eye care providers, and other medical professionals.
Physicians' services	Services by medical physicians in private practice, including osteopaths, which are billed by the physician. Includes house, office, clinic, and hospital visits. (Excludes ophthalmologists. See Eyeglasses and eye care.)
Dental services	Services performed by dentists, oral or maxillofacial surgeons, orthodontists, periodontists, or other dental specialists in group or individual practice.
Eyeglasses and eye care	Services provided by opticians, optometrists, and ophthalmologists. Includes eye exams, dispensing of eyeglasses and contact lenses, office visits, and surgical procedures in the office or hospital.
Services by other medical professionals	Services performed by other professionals such as psychologists, chiropractors, physical therapists, podiatrists, social workers, and nurse practitioners in or out of the office.
Hospital and related services	Services provided to inpatients and outpatients. Includes emergency room visits, nursing home care and adult day care. Includes transaction prices only.
Hospital services	Services provided to patients during visits to hospitals, ambulatory surgical centers, or other similar settings.
Outpatient hospital services	Services provided to patients classified as outpatients in hospitals, free standing services facilities, ambulatory surgery, and urgent care centers.
Nursing home and adult day care services	Charges for residential care at nursing homes, nursing home units of retirement homes, and convalescent or rest homes. Also includes non-residential adult day care, a newer item with few price observations at this time.

Source: http://www.bls.gov/cpi/cpifact4.htm